Title: DIVISION CORRECTIVE AND PREVENTIVE ACTION	Number: D65-14-01	Revision No.: OD	Effective Date: 31 JAN 97
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31 January 1997

STANDARD OPERATING PROCEDURE D65-14-01

From: D65
To: D65 Division

Subj: DIVISION CORRECTIVE AND PREVENTIVE ACTION

Ref: (a) SOP D65-13-01, Division Control of Nonconforming Product
(b) SOP D65-14-02, Division Customer Complaints
(c) SOP D65-17-01, Division Internal Quality Audits

Encl: (1) Quality Problem Identification Form
(2) Corrective Action Request Form

1. Purpose. To establish a system and provide instructions for initiating, requesting, performing, and evaluating the effectiveness of corrective and preventive actions.

2. Scope and Application. This procedure applies to correcting and preventing nonconformances related to materials, components, subassemblies, finished products, production processes, and the quality system.

3. Policy. The accomplishment of timely "root cause" preventive and corrective actions is essential to Division survival. Primary focus will be on identifying potential problems before they occur through the use of metrics/measures and putting systems and/or infrastructure in place to eliminate their potential. If problems do occur, corrective actions taken must be "root cause" taking away any potential for recurrence.

4. Definitions. The following definitions are provided to distinguish between "preventive" action and "corrective" action.

a. Preventive Action - Action taken to prevent occurrence of a potential problem once the potential is identified; identification of a problem potential will normally come through established metrics/measures that indicate that a process performance is approaching the limits of acceptability. NOTE - Primary focus of the Division is on preventing problems before they occur.

b. Corrective Action - Action taken to correct or resolve a problem after it has occurred; corrective action should be "root cause" to be effective (i.e. no "Band-Aids").

5. Procedure. The standard forms used to identify preventive and corrective action requests are the Quality Problem Identification Form (QPIF; see Enclosure) or the Corrective Action Request (CAR) Form. These forms can be directed to the Division's internal Branches and Work Centers as well as to its suppliers and subcontractors. Initiation of a QPIF or CAR may be done by anyone in the Division, but all forms must be reviewed and approved by Quality Assurance (QA) or, in case of major problems and/or those requiring expenditure of Division funds to correct, the Division Head.

a. Initiation of a QPIF or CAR - Requests to initiate a QPIF or CAR are made in writing to QA with copies to the Branch Head required to take preventive/corrective action and the Division Head. or, if the QA activities are involved, to the Division Head. The requests contain a description of the unsatisfactory condition to be corrected, the impact (s) on product or process quality, and recommended preventive or corrective action (s) to be taken. Typical problems requiring preventive or corrective actions may include, but are not limited to, the following:

(1) Identification of a major product nonconformity
(2) Accumulation of minor product nonconformances of a similar character
(3) Recurring problem with a process or a work operation
(4) A noncompliance observed during an internal, customer, or "third party" audit
(5) Field and/or performance problems
(6) Customer complaints
(7) Nonconforming deliveries from suppliers or subcontractors
(8) Identification of any other condition that does not comply with the documented quality system and/or the ISO 9001 standard

b. Requesting and Processing QPIFS and CARs - Corrective actions are requested using the either the QPIF or CAR forms (see Enclosures). The requests contain a description of the unsatisfactory condition to be corrected, the impact (s) on product or process quality, and recommended preventive or corrective action (s) to be taken. Upon receiving a request for corrective action, the responsible supervisor investigates the cause of the problem that initiated the request, proposes a corrective action to be taken, and indicates the date by which the corrective action will be fully implemented. QA or the Division Head will review and approve the proposed action. A copy of the form will be sent to the party initiating the request. In some cases, the identified problems (QPIFs and CARs) will be brought before the Division Quality Review Board (QRB) for resolution (See SOP-01-04). Open QPIFs and CARs will be reviewed and status at either the weekly Division Staff Meetings, the bi-weekly QRB, or both. The QPIF or CAR will be closed out only when there is objective evidence that the corrective action has been effective, If more work is needed to fully implement the action, a new follow-up date is agreed upon.

c. QPIF/CAR Documentation and Recording - Corrective action requests, their implementation, and follow-up are documented using the QPIF and CAR forms enclosed at the end of this procedure. The forms are self-explanatory. NOTE - Employees initiating either forms will furnish a copy to their Branch Head/supervisor. Employees should keep a copy of the forms they initiate. Storage location and retention period for closed out of QPIFs and CARs are specified in Procedure SOP-16-01, Quality Records

THOMAS S. DODSON

QUALITY PROBLEM IDENTIFICATION FORM

1. Name	2. Code/Branch & Phone No .	3. Branch Head/Supervisor
4. Description of the Quality Problem		
5. Work, Product or Service Impacted by the Problem		
6. Previous efforts to resolve problem		
7. Corrective Action Taken (TO BE FILLED OUT BY THE ““ACTIONEE””)		
8. ““actionee”” Signature and Date		
9. Division Head Signature and Date (Final Approval)		
QRB Review Yes_____ (date) No_____		Control Number

NOTE - BLOCKS 1 THRU 4 ARE <u>MANDATORY.</u>

Enclosure (1)

CORRECTIVE ACTION REQUEST FORM

TO:_____ cc: ____

FROM: _____ cc: ____

RETURN TO: _____ cc: ____

SUBJECT: _____ REPORT NO. ___

LOCATION/AREA: _____ DATE: ___

DISCUSSED WITH: _____ AUDITOR: ____

DOCUMENT REVIEWED: _____

DEF. CATEGORY: Critical Major Minor

SPECIFICATION NUMBER AND STATEMENT OF REQUIREMENT: _____

_____

_____

OBSERVATIONS: _____

_____

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RECOMMENDATIONS: _____

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Action Agreed Within _____ Days Acknowledgment_____

Enclosure (2)